



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual

Section: ELIGIBILITY FOR SERVICES

Subject: Service Plan

Reference: ARM 37.40.1005 and ARM 37.40.1114

PURPOSE

This policy serves to outline the purpose of the Service Plan (SLTC-175), its associated uses and the agency role and responsibility in completing the form and assuring quality standards. The Service Plan is a mandatory form and must be completed prior to delivering Self-Directed Community First Choice/Personal Assistance Services (SD-CFC/PAS). Refer to SD-CFC/PAS 904 for form instructions.

PROCESS

1. The development of a Service Plan is essential for the successful provision of person centered services.
2. The development of the Service Plan is an individualized plan designed to meet the needs of the member. In order to complete the Service Plan properly, the provider agency must incorporate the following into the Service Plan:
 - a. Member preferences; which should be discovered during the Person Centered Planning (PCP) visit and documented on the PCP form (SLTC-200);
 - b. Mountain Pacific Quality Health (MPQH) Service Profile (SLTC-155) and;
 - c. CFC/PAS flexibility parameters (Refer to SD-CFC/PAS 716).
3. The Service Plan is used to document the member's preferences for service delivery within the parameters of the CFC/PAS program.
4. Completion of the Service Plan form is mandatory prior to delivering any CFC/PAS services. Failure to have a current Service Plan will result in repayment.

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5. New Service Plan: Service Plans must be completed by the provider agency oversight staff. A new Service Plan must be completed anytime the following occurs:
 - a. Member intake: either high-risk, regular, change in agency, or change in option;
 - b. Annually: during the coordinated person centered planning visit;
 - c. Amendment: If the amendment results in a need to change the Service Plan Schedule, a new Service Plan must be completed. An amendment could be triggered by a change in MPQH Service Profile or a change on the PCP form.
 - i. The provider agency must complete a new Service Plan within 10 working days of receiving the amendment from MPQH or receiving the PCP form from the Case Manager Plan Facilitator
 - d. Any other time a permanent change needs to be documented to the Service Plan Schedule. A new Service Plan must be completed when the Service Plan Schedule needs to be revised or changed. A provider agency cannot complete a pen and ink change to the Service Plan Schedule once it is signed by the member. If the change is not permanent it may fall under the revision category outlined below in #6.
6. Revisions to the Service Plan: The only time a Service Plan may be revised is when the agency needs to implement a temporary service authorization. In this circumstance the current Service Plan may be revised on the current Service Plan form by indicating the change using the "Temporary Authorization" section of the form (Refer to SD-CFC/PAS 417).
7. Service Plan Signatures and Distribution:
 - a. Every new Service Plan must be signed by the provider agency oversight staff on the SD provider signature line.
 - i. If the temporary authorization section is used to document a change on the current Service Plan, the provider agency oversight staff should sign the temporary authorization section and date it in the date span section.

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- b. The Service Plan must be signed by the Member/PR at the intake visit regular, high risk, and annual.
 - i. The member/PR does not need to sign the temporary authorization and amendments.
 - ii. The provider agency should distribute the form to the member/PR anytime the Service Plan is revised or a new plan is created.
 - c. The Plan Facilitator signature must be obtained on the Service Plan for all intake and annual Service Plans.
 - i. The Plan Facilitator does not need to sign the Service Plan for temporary authorizations and amendments.
 - 1. If a high risk intake occurs the Plan Facilitator needs to sign the current Service Plan, which may be the high risk Service Plan or the amendment to the high risk Service Plan.
 - ii. The provider agency should distribute the form to the Plan Facilitator anytime the Service Plan is revised or a new plan is created.
8. Location for completing the Service Plan:
- a. The intake (high risk or regular) must be completed in the member's home.
 - i. If a member is in a nursing facility or hospital, the intake may occur in that location to facilitate member transition to the home. Once the member is in the home the provider agency should complete a follow-up home visit and document in case notes.
 - b. Annual visits must be completed in the member's home; unless the member's coordinated PCP meeting is occurring in a different setting as dictated by the Member/PR and his/her Case Manager Plan Facilitator.

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- c. Temporary service authorizations and amendments may be completed over the phone or in-person with the Member/PR.

SERVICE PLAN ASSURANCES

The Service Plan should be reviewed regularly by the provider agency to assure program compliance. The Service Plan is required to be reviewed every six months during the agency re-certification visit.

The Service Plan review should include a review of the member's MPQH Service Profile, PCP form, and service delivery records (a sample of at least two months should be used) to ensure that the Service Plan meets the following assurances:

1. Member preferences are documented on the Service Plan as detailed on the PCP form;
2. Service Plan Schedule addresses member ADL, IADL, and HMA needs as specified on the MPQH Overview and Service Profile;
3. Services (as documented on the service delivery record) are delivered according to the Service Plan Schedule;
4. Flexibility parameters have been utilized according to policy which enable member choice and control of service schedule;
5. Service Plan is signed by the member/PR, agency oversight staff, and Plan Facilitator;
6. Service Plan is amended, as necessary, when there is a change in member's service needs; and
7. Temporary authorizations are used to implement immediate change to the Service Plan and/or for high risk intakes.